

**Customer Service**  
Office locations- 7447 E. Indian School Road, #110  
Scottsdale, Az. 85251  
or  
9379 E. San Salvador Dr., #100  
Scottsdale, AZ 85258  
Telephone - (480) 312-2400



## LICENSE APPLICATION MAGIC ARTS ESTABLISHMENT

FOR CASHIER USE ONLY

THIS APPLICATION MUST BE FILED AND A LICENSE OBTAINED BEFORE YOU CAN LAWFULLY ENGAGE IN BUSINESS IN SCOTTSDALE. LICENSE FEES ARE NOT REFUNDABLE.

**SECTION I. OFFICE USE ONLY**

License Number \_\_\_\_\_

Sic. Code \_\_\_\_\_

Account Number \_\_\_\_\_

License Fee **\$100.00**

Comments: \_\_\_\_\_

Make Checks Payable To: City of Scottsdale

**SECTION II. BUSINESS NAME, BUSINESS TELEPHONE, BUSINESS/RENTAL LOCATION AND START DATE**

BUSINESS NAME (Individual, Company or "DBA", first name first) \_\_\_\_\_

Area Code \_\_\_\_\_

Business Telephone No. \_\_\_\_\_

STREET NO. (N,E,S,W) \_\_\_\_\_

STREET NAME \_\_\_\_\_

Type  
(ST.DR.AV.)

STE./APT. NUMBER \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_

**START DATE OF BUSINESS** \_\_\_\_\_**SECTION III. BUSINESS MAILING ADDRESS, EMERGENCY TELEPHONE AND APPLICANT NAME**

STREET NO. (N,E,S,W) \_\_\_\_\_

STREET NAME \_\_\_\_\_

Type  
(ST.DR.AV.)

STE./APT. NUMBER \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_

Area Code \_\_\_\_\_

Emergency Number \_\_\_\_\_

APPLICANT NAME (Individual or Corporation/Partnership operating business. (First name First) \_\_\_\_\_

**SECTION IV. BUSINESS OWNERSHIP AND RECORD LOCATION**1. TYPE OF OWNERSHIP: INDIVIDUAL ☐ LLC/PARTNERSHIP ☐ CORPORATION ☐ STATE OF INCORPORATION: \_\_\_\_\_

2. NAME OF OWNERSHIP, PARTNER(S) OR OFFICERS TITLE BIRTH DATE HOME ADDRESS HOME PHONE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. LOCATION WHERE RECORDS ARE KEPT IF NOT AT BUSINESS: NAME ADDRESS PHONE: \_\_\_\_\_

4. CORPORATE STATUTORY AGENT: NAME ADDRESS PHONE: \_\_\_\_\_

**SECTION V. BUSINESS TYPE, STATUS, IDENTIFICATION**5. **BUSINESS TYPE:** Retailer ☐ Service ☐ Wholesale ☐ Contractor ☐ Manufacturer ☐ Rental ☐

Describe nature of business \_\_\_\_\_

6. CHECK ONE: New owner of existing business ☐ or new Business ☐

7. If applicable, name of former business owner \_\_\_\_\_ Permit No. \_\_\_\_\_

8. Name of Applicant's previous or other current business in Scottsdale \_\_\_\_\_ Permit No. \_\_\_\_\_

9. IDENTIFICATION: # of Employees \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

**SECTION VI. BUSINESS PREMISES STATUS**10. CHECK ONE: A) Do you own your business premises? Yes ☐ No ☐ Is this your Residence Yes ☐ No ☐B) If yes, do you rent or lease to another party? Yes ☐ No ☐ Your rental permit number if applicable \_\_\_\_\_11. CHECK ONE: A) Do you rent your business premises from another party? Yes ☐ No ☐

B) If yes, Landlord's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

C) Do you sublease a portion of the business premises to another party? Yes ☐ No ☐

I CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I ACCEPT THE LICENSE AUTHORIZED AND ISSUED IN RESPONSE TO THIS APPLICATION WITH THE CONDITION THAT I REPORT TIMELY AND PAY ANY AND ALL TAXES DUE BY ME TO THE CITY. **INCOMPLETE APPLICATIONS MAY NOT BE PROCESSED.**

Date: \_\_\_\_\_

Signature of Owner, Partner or Officer \_\_\_\_\_